MEDICAL CENTURY

THE NATIONAL JOURNAL OF
HOMŒOPATHIC MEDICINE AND SURGERY

VOL. XXII JUNE, 1915 No. 6

ORIGINAL ARTICLES.

REMARKS UPON REMEDIES IN ACUTE CONGESTION.

BY A. E. HINSDALE, A. B., M. D., COLUMBUS, OHIO,
Professor Materia Medica and Therapeutics, College of Homœopathic Medicine, Ohio State University.

FROM the standpoint of the prescribing physician, an acute congestion is a retardation and then an acceleration or at least some form of disturbance of the circulation through affected tissues. The primary irritation may be more or less extensive, and in any part of the body, as in the mucous membrane of the nose, throat, bronchial tubes, the alimentary tract; in the serous linings of closed cavities like myocardium, the pleura, the peritoneum, the spinal membranes, the articulations, the glands, the skin, etc.

Congestion is the first stage of inflammation, and in these notes no fixed line will be drawn, if such were possible, at the point where turgescence blends into the subsequent inflammatory states. The blood in its delayed or hastened circuit, according to the stage of the inflammation, carries away with it poisons that it has picked up at the point of infection and distributes them to other vulnerable parts of the general organism seeming to leave a decided impression upon the cerebro-spinal system, without which system we could feel no aches, throbbing, exhaustion and subjective sickness. Thus the individual is more or less affected by his own vitiated fluids which explains partially, at least, how the congestion, usually, is accompanied by "constitutional" symptoms to which the prescriber must give discriminating attention. They are mainly his guide because congestion apart from its accompaniments is not a sufficient prescribing basis. Aside from the local heat, redness, swelling and pain there are some of the following symptoms arranging themselves into a multiplicity of permutations such as general heat or the sensation of heat with or without an appreciable degree of fever; chilliness, sometimes a mere transient quivering, again a pronounced rigor with many successive shivers, tired feeling, muscle, bone or joint aches and pains, backache, discharges of excessive mucus or unnatural dryness, tickling of air passages, stitches, throbbings and a heart that is more or less accelerated in movement and intensive in stroke. Many times the mental symptoms amount to much more than drowsiness, lethargy or some other mild form of depression. Some individuals are disturbed with violent fear, apprehensions and even active delirium. Others have convulsive seizures as their nervous organism happens to respond in that way.

Patients with hyper-impressionable nervous systems and children are particularly liable to be delirious; to experience frightful dreams and may have convulsions. Convulsions in a child suffering from an acute disease are not so serious, usually, as when they occur in adults, although they always set the prescriber thinking good and hard for the indicated relief. The mental functions of the individual affected may be more disturbed than his organic, although the seat of the exciting cause is in tissue and not in mind. To repeat, he experiences lassitude, fatigue, irritability, anxiety, fright, crossness, particularly if he be a child, drowsiness, hyper- or hypo-sensitiveness, etc., as much usually as he does burning, smarting, throbbing and other forms of pain at the seat of the inflammation, especially in the infectious fevers. There is also likely to be, even in slight affections, disinclination to think and behave properly, restlessness or lethargy becomes a substitute for sound and placid behavior.

Acute congestion, whether we stop it or not, being the first phase of so many common diseases, some of them "light" as an ordinary cold, others "dangerous" as scarlet fever, diphtheria, meningitis, and pneumonia, calls to mind certain remedies. These remedies are among the commonest ones in use because of the commonness of the "calls" for them. Probably forty medicines might be mentioned that will meet the symptomatic demands of half the cases the physician in ordinary practice requires. These he must have so well at command that the recognition of their indications are immediate and their administration springs from an instantaneous mental operation.

One thing is noticeable in regard to homœopathic practice: If the Homœopathist does not do better than his competitor he is regarded by the community as not being so good. He must ameliorate more suffering, cut diseases shorter and save a greater per cent. of lives to receive only an even estimate of his ability.

If we cannot distinguish our remedies then, of course, alternation, mixing and compounding necessarily blemish our practice. It will not do

to put it so mildly as to say combinations creep in when we are therapeutically "rattled." They stride in boldly and vitiate our practice with impunity. They force us to tolerate them, and if we do not know what better to do and if we cannot do better we must take our stand upon the left side among the mixers with a blighted hope we may once have had of doing better than they.

To excel the multi-ingredient prescriptions, studious differentiation must be applied until the proper remedy is discerned and the rest discarded. If a mixture is at all effective it is because it happens to contain the one ingredient that is to do the business of relief if any such business is accomplished.

The way compounding comes about is something like this: A symptom group naturally calls up in the mind a medicine group as it should. This group more than likely will contain the drug definitely indicated, but if it is not recognized and given an opportunity alone, two, three or all the drugs of the group are permitted in alternation, rotation or mixture, and the chance taken that the correct one will do good and that the superfluous ones will not interfere.

If five out of six ingredients in a compound miss, the hope is that the sixth may hit. From very early and primitive times men have been addicted to medicines. Some one at first had the notion that a particular thing, a medicine we call it now, if taken or applied when ill appeased his suffering. As he discovered other things that he thought would relieve him, a pharmacy grew up and a mixing of all the medicines known of probably became custom. If this be true historically, polypharmacy was not the first, and if there is going to be a science of medicine, it is not going to be the last way of administration. It is only the resort when knowledge of the action of specific drugs is befogged, experience inadequate or materia medica at fault, to all of which we are too often forced to confess. Perhaps at such times Oslerism is the wiser course, which amounts to saying: When one does not know what to give, give nothing.

There is probably not a better group of diseases for illustrating the application of the remedies likely to be indicated in what I have designated "acute congestions" than those of the respiratory passages, although in the following brief references will be made to other tissues when the same appears pertinent.

Aconite.—Very acute congestions especially if result of checking perspiration from exposure to drafts of air and cold winds, to getting wet, lying upon the ground or becoming chilled in any other way, whether the point of special irritation be in the throat, bronchial tubes, lungs, appendages, of the heart, intestines, peritoneum, bladder, joints, muscles, etc. In the respiratory tract, which is so prone to manifest the symptoms of taking cold, the nasal mucous membranes are dry and hot, or, if there be beginning coryza, it is hot with frequent sneezing. Aconite is of use only before a real inflammatory stage becomes established. By its timely use when the indications correspond it aborts inflammation in the stage of hyperæmia, or if it cannot abort it shortens and reduces the violence of the disease that is to follow. The Aconite pulse in these cases is full and hard. The patient is fully awake and restless, or, if sleeping, restless and uncomfortable. Its proper administration averts or modifies the severity of bronchitis and pneumonia. Acute endo- and myo-carditis in acute rheumatism, the high congestive fever of nonseptic peritonitis in which disease the Aconite pulse while being hard is not so full as in irritation of the respiratory tract. A "croupy" child with high fever, dry, hot skin, full pulse and uneasiness is usually promptly relieved by a few doses of Aconite which also may be indicated in infective fevers; early, of course, while diagnosis is at best a conjecture. Clinically, Aconite appears to be of more importance in the acute infections of children than in adults. Differentiation which is usually without difficulty is to be made from Veratrum viride, Ferrum phosphoricum, Belladonna, Gelsemium.

Ferrum Phosphoricum.—This drug has a sphere of action including the phenomenon frequently occurring in congestive and febrile states, especially those appearing early before exudation commences. The following are the guiding indications: Acute, febrile or initiatory stages of all inflammatory affections of the respiratory tract, especially bronchitis of young children; congestion of the lungs with oppression, heat and burning; soreness; scanty expectoration or none at all; fresh aggravations in chronic bronchitis. The cough is short and painful with irritations or tickling in windpipe. Hard, dry cough with soreness of lungs. It stands midway between Aconite and Gelsemium, with less bounding pulse and restlessness than the former and less flowing pulse and drowsiness than the latter. Its nearest analogue in chronic bronchitis is Phosphorus.

Belladonna.—The child usually cries when coughing. The skin is hot and inclined to moisture, not dry like Aconite or Veratrum viride. There is a tendency to drowsiness, but the patient does not sleep, "dozes" in a semiconscious manner with frequent startings, coughs without fully arousing. The cough is barking, paroxysmal, usually worse towards evening. The pulse indicates a congestive condition associated with throbbings and redness of the cheeks.

Belladonna belongs to the same group of remedies as Aconite. The features somewhat in common are an over-active, over-beating heart driving the blood through the arteries with high pressure and rebounding pulse; flushes and cere-

bral agitation, but Belladonna covers a much wider range of diseases and may be used for a longer period. If Aconite is going to benefit a patient, the evidence of it becomes apparent and its work is done very soon. Evidences of Belladonna's benefits are also seen early, but has, so to speak, the longer reach. Throat affections that are red, shining, smarting, such as are seen in the first stages of tonsillitis and quinsy, no matter what the irritating organism may be, occurring in individuals whose arteries and veins carry blood that is abundant in quantity and usually good in quality; croupy, rosy-cheeked children with sawing and whistling breathing, red cheeks, full, sharp pulse, whose tonsils may also be red and swollen; in scarlet fever with throat symptoms as indicated, high fever, smooth eruption, congested brain and probably delirium, starting and screaming from sleep, with throbbings particularly in the carotid pulse, hot head, congested eyes; in acute meningeal trouble with heat, beating pain, redness of cheeks and an over-energized measured pulse or in any other acute infection in which the head is hot, brain disturbed, the arteries beating, the skin and mucous surfaces red, sleepy but starts as soon as they fall to sleep, congestive headache, eyes injected, tongue red-edged or strawberry-like, with red papillæ protruding like miniature mushrooms above a white coating, throat glazed and red, all of which comes on abruptly, have decided Belladonna symptoms. The Belladonna scarlet fever is the "simple" uncomplicated form.

In scarlet fever if the eruption is rough under the finger and punctuate, Rhus toxicodendron will probably correspond with the other symptoms, and Belladonna will keep in the background. Rhus scarlet fever is likely to have typhoid-like complications. Belladonna is a wonderful medicine in acute ailments of children, but the Belladonna child before his illness is neither anæmic, puny, emaciated, poorly nourished or suffering from any constitutional debility. He is fair-skinned, rosy, plump, healthy as a rule. No kind of person but such a one could have symptoms of Belladonna. The anæmic seldom throb, flush, leap from dreams or give lusty shrieks.

Gelsemium.—A remedy used as much, if not more, than any other in acute congestive states. No doubt it is often abused, being given without differentiation much as an allopath uses quinine. The reason why Gelsemium is frequently indicated is because the average case of illness does not begin with sufficient arterial and cardiac impetuosity to "call" for Aconite, Belladonna and Veratrum viride. The pulse of Gelsemium has a good volume, but is more "flowing than throbbing" and are over-full. The congestion itself is more moderate but the toxæmia manifested by weakness of muscles and mind is out of proportion to the severity of the assignable cause. The systemic symptoms are those of physical and mental indisposition. The Gelsemium patient is likely to have a headache that begins in the neck or occiput and moves over the dome of the head, settling on top or in front. There may also be the sensation of a band around the head. The face is neither pale as with Arsenicum nor cherry-red as with Belladonna. It has a suffused, flushed redness, more of a venous than an arterial blood color. In individuals who are much prostrated, the Gelsemium complexion is described as being besotted.

Attacks of acute laziness, not accounted for upon constitutionl grounds, and people who have severe "spring fever" should have Gelsemium. Many attacks of la grippe and typhoid fever begin with the manifestations outlined in this paragraph.

Veratrum Viride.—Cases of exceptional violence from the first with great dryness and heat of the body, high temperature, full, hard, rapid pulse. It is like Aconite somewhat in the foregoing respects, but has tendency to stupor. There is no anxiety or restlessness. Sputum may be bloody or blood streaked. If acute croupous pneumonia seems to be threatening this remedy is clearly indicated with the foregoing symptoms. As soon as the arterial turbulence is over and the pulse becomes less hard and less rapid the Veratrum viride stage is past, and the disease process is modified if not entirely "broken up."

Hyoscyamus.—Since the sphere of action of Hyoscyamus does not include much that is distinctive in the organs of circulation, it deserves to be considered in connection with inflammatory states, because they are apt to be associated with disturbances of the nervous and mental functions. Reference will be made to the cough of Hyoscyamus first.

"Dry cough, more violent at night, and especially in a recumbent position, ameliorated when the patient sits up, with a tickling in the larynx or bronchi, or spasmodic cough with redness of the face and vomiting of mucus."—*Jahr.*

The cough of Hyoscyamus is sometimes the result of relaxation or inflammation of the uvula, causing it to hang down and irritate the root of the tongue. Under these conditions the cough is usually worse from lying down, but often entirely subsides when the patient sits up. This also explains the "night aggravation" and the aggravation from eating and talking, symptoms of the drug.

In the infective fevers, such as typhoid, scarlet fever, meningitis or even in pneumonia, sometimes the brain is disturbed so as to produce an active and violent mental abberation.

From his sparkling eyes the patient sees things and persons not present in his delirium so vividly as to try to escape. While he may not answer questions he carries on a muttering

loquacity. The sufferer may lapse into utter stupidity or with trembling hands pick at his bed clothes. In the state of agitation he may jump out of bed, no doubt, escaping from the frights he sees in his hallucinations. In the mental sphere in which Hyoscyamus has its demonstrative phases so marked, it stands in close relation to Belladonna upon the one side and to Stramonium upon the other. In Belladonna there are frights and starting when falling to sleep. In Stramonium there is laughing, singing, praying and profanity commingled in the same vociferating explosion of talking. The Stramonium patient is afraid to be left alone and fearful of the dark. The Hyoscyamus patient may seem to watch his chance to jump out of bed unobserved.

Emergency Prescriptions.—The prompt and intelligent relief of acute congestions belongs usually to what is called emergency prescribing. Any one in active practice is very liable to be called, perhaps when upon his rounds or suddenly from his office or even from his bed at night, to see a case of convulsions, croup, acute tonsillitis, a fulgurating fever, a child screaming with belly ache, a person with "acute indigestion," one in faint or delirium, or the summons may be a suppression of urine, a severe intestinal irritation, the initial stage of pneumonia or a hæmorrhage. All such summons classify as emergencies. The indicated relief must be given with alacrity and, what is more, with reasonably prompt comfort. A large percentage of medical emergencies belong to the "acute congestive" or inflammatory type calling for one of the remedies given in the following paragraphs:

A large number of the Aconite, the Belladonna, the Chamomilla, the Veratrum, the Hyoscyamus, the Stramonium, the Spongia patients will be of the nature of first aid to the violently ill. Of course, any drug known to the materia medica may be indicated in a given case in which the alternative lies between prompt amelioration of the pain, the abatement of the general suffering and the modification of the violence of the acute infection, or the calling of another physician. Every patient is entitled to have the exact remedy given him, whether his sufferings be from acute or delayed disease, but the physician who has the faculty of selecting the proper medicine from first impressions is especially successful in emergencies.

Kali Bichromicum.—Cough that yields, after more or less effort, a glairy tenacious expectoration that "springs out" and will not "break off" is common enough. This feature characterizes congestion of the air passages from the first, or the primary catarrhal product may change to this character. A laryngitis, a tracheitis or a bronchitis or even an asthma may be accompanied with this kind of stringy expectoration with much "hawking;" if so Kali bichromicum is probably the remedy, at least, there must be a decided over-riding of this symptom by others of importance to justify something else in preference.

There is a form of diphtheria called membranous croup, the secretions of which are very tenacious and exceedingly difficult to dislodge. In fact, it is the inability to dislodge and expectorate the false membranes that gives alarming character to this type of a dreadful disease. In diphtheria localized upon the throat and tonsils whose tissues are such ready absorbents of poisons, the alarm comes from toxæmia, the toxins being taken up by the remedy and congested mucous surfaces. When the localization of the infection is lower down, the membranes are more resistant and take up the poisons less readily, but the deposits upon the mucous surfaces coagulate and form tough and tenacious, dangerous coatings to the surfaces involved. They narrow the air passages, obstruct their calibre and threaten the sufferer with asphyxia more than with direct absorption of poison. While the patient can dislodge the membranous accumulation he is comparatively safe, but in the very large majority of cases he finally becomes exhausted from coughing, choked by the accumulation, clutches his throat, throws his head back to facilitate his breathing, becomes cyanotic and dies as much from mechanical causes as from sepsis.

If inability to cough up the membranes be due to bodily weakness and paresis of the sufferer, look in another direction from Kali for the remedy; but if, as is so frequently the case, the difficult breathng, the stridor and suffocation is due to toughness of the membranous accumulation that will neither loosen nor come up, be the coughing ever so violent, Kali bichromicum must be the main reliance. Sometimes in post-nasal diphtheria blubbers that have tough, unbreakable walls and are held or clumped together by the same kind of clear gluey substance, then Kali bichromicum is the child's remedy.

Let anti-toxine do all the good that can be gotten out of it, but do not neglect the indicated medicines. They are none the less necessary and just as beneficial, no matter what the adjuvant treatment may be. If homœopathic medication held the lead for cures before anti-toxine, it will continue to do the same with anti-toxine.

In simple tonsillitis Kali bichromicum is a cardinal remedy, especially in recurrent cases. The deposits are of the same sticky character as described, hard to dislodge and string from mouth to cuspidor. A pain shooting from a sore throat to ear is a symptom frequently experienced in the Kali bichromicum condition.

An irritation of the stomach, in catarrhal gastritis, even in gastric ulcer, the Kali bichromicum character of the vomitus may be in evidence, containing glairy mucus though mixed with other

material or blood. In beer drinker's stomach when the drinker wants more beer or acids and is made worse by gratification, his vomitus is liable to be mixed with beer, bile, food particles all strung together by a tenacious mucus. Tests of Kali bichromicum seem to indicate that mucous surfaces covered with columnar epithelium have for it a tissue proclivity. The larynx, trachea, body of uterus and fallopian tubes have such epithelium, and it is upon these surfaces that the indications for the remedy are conspicuous.

Bryonia.—Cough generally dry and sometimes seems to come from "low down" with tickling and crawling in epigastrium. The cough is more the result of irritation in the larger bronchi than in the finer tubes. There is apt to be hacking which produces sore spots and aching in the trachea and through the chest requiring the patient to apply the hand or other support to his sides. There is usually rawness and smarting under sternum with stitching in the intercostal spaces. The stitching pains often render thoracic breathing difficult or quite impossible.

"It is the best medicine after Aconite for what is known as a cold on the chest, *i. e.*, where nasal catarrh has run down the air passages as far as the first or second bronchi. Heat, soreness, and pain behind the sternum and an irritation shaking cough with scanty expectoration make up the Bryonia picture."—*Hughes.*

The cough is aggravated from coming into a warm room from the open air. The scanty expectoration is sometimes streaked with blood. Dunham gives as characteristic the following:

"The mucous secretion is diminished. Hoarseness with hacking cough, which sets in, especially in the morning or evening, and is generally dry or yields but a little tenacious mucus (which may be blood streaked), and which sometimes through its violence causes retching and vomiting. In the bronchial catarrh with scanty secretion and attended by dyspnœa and nervous crethism, to which infants are subject, and which is often mistaken for true pneumonia, Bryonia is a valuable remedy."

If in the same condition the expectoration becomes copious, loose, thick and muco-purulent, Pulsatilla may be indicated. If the expectoration be copious accompanied by nausea and copious vomiting of mucus Ipecacuanha is to be considered, especially in the bronchitis or bronchopneumonia of children.

In pleuritic pains with stitches hurting every time the sufferer moves, if Bryonia does not relieve Æsclepias should be given. When cough is tight, pain in muscles of chest and abdomen from exercise of coughing, stitches, oppression of chest, if Bryonia does not afford the anticipated relief, Squills will probably clear up the case.

Eupatorium Perfoliatum.—Must not be confused with Eupatorium purpurum. Very frequently an individual "coming down" with some form of infection presents indications for Eupatorium perfoliatum, which are so clear that they are not easily mistaken. Before diagnostic features which are to name the disease are sufficient, the one who Nature has elected for an attack will feel heavy pains through his body. The pains are dull, heavy and deep-seated; seem to be in the bones. La grippe, small-pox, common cold and other acute infections are frequently ushered in by these breaking bone pains. Small-pox is particularly prone to begin with severe backache and aches in the extremities which feel as if they were in the very center of the legs and hips.

It is often remarked how closely infectious influenza, commonly called for the first day or two the grippe, simulate the first thirty-six hours of small-pox. At this time he who waits to diagnose loses an opportuntiy for comforting his patient.

In common cold or bronchitis there is a rough, scraping violent cough which jars the body; the patient, like the Bryonia patient, supports his sides with his hands. The kind of a cough often accompanies influenzal infection. The cough is not sufficiently characteristic to require the Eupatorium. If it is associated with the pains described then the indications are clear.

Hepar Sulphur.—Not often indicated in the beginning of inflammation, and were it not for its more or less laryngeal and bronchial symptoms, would better not be mentioned in this list. It is one of the remedies which has a "dyscrasia" that is the lymphatic and skin are more or less unhealthy. However, since it has special action upon the mucous membranes of the respiratory system which are so prone to irritation in this climate, it deserves a place in the physician's pocket case.

Rattling, choking, hollow fatiguing cough with moist rales. Cough aggravated by eating and in the morning upon exposing the body to the air. Is not indicated until the "tightness" begins to "loosen." The cough is associated with retarded resolution, consequently is more often in subacute than in recurrent cases. In spasmodic croup after the tightness has relaxed but the "moist" cough lingers after Aconite and Spongia Hepar will usually "clean up" the case; if not, Bryonia may.

Beside this, if the glands tend to suppurate, if furunculosis annoys a persons, if there be suppuration threatening in any part, Hepar is to be compared at once with the other Calcareas, as Calcarea iodatum, Calcarea carbonicum, Silicea, Staphysagria, etc. If a Belladonna tonsil feels as if it has a sliver in it and threatens to suppurate and become a quinsy turn to Hepar.

Pulsatilla.—Is generally associated with functional disorder of the organs that differen-

tiate the sexes, especially those that distinguish the female. Great prominence is given to its mental features. The typical Pulsatilla child, maiden or woman is confiding, disposed to weep whether from pleasurable or sorrowful emotions and is susceptible to hypnotizing influences. The Pulsatilla child can often have its weeping turned to laughing by being caressed. Its belly ache may be kissed away for a few minutes.

Aside from the temperamental feature of Pulsatilla, it is very valuabe in congestive states, particularly after the dry and fluent stages of catarrh when the discharges become muco-purulent and non-irritating. Some drugs, especially the Arsenicum group, Euphrasia, Arum triphyluum, Nitric acid, etc.; have excoriating thin discharges. If they do not excoriate they at least make the affected parts and the part with which they come in contact feel "raw" and burning.

Pulsatilla, be it remembered, is not a smarting or burning remedy. Its indications are quite the opposite; its discharges, whether from eyes, nose or throat, are thick and non-irritating. The only exception to this is the leucorrhœa which may produce a litte irritation. Often in the second stages of measles, cold or other acute mucous irritations the conjunctival and the bronchial discharges thicken in character, the cough being comparatively "loose" and expectoration easy. The cough is better in a cool atmosphere; in fact, the typical Pulsatilla patient prefers being out of doors, and if he has gastric irritation prefers his food and drinks cold. Many a severe case of indigestion with this symptom has been cured with Pulsatilla. Pulsatilla is not frequently indicated in chronic cases, neither in cases suffering from constitutional taint, whereas Hepar is particularly adapted to dyscrasies. Pulsatilla is a valuable medicine for rheumatism. The pains are severe and the swelling considerable but migratory. The rapidly shifting of the pains is a strong indication; they move from joint to joint, leaving those that have been affected in a nearly normal condition, but in the new location they are drawing and tearing. A rheumatic swelling of Pulsatilla feels relieved if exposed to the cool air or with a cool application.

Squilla.—Perhaps not deserving a place among "fever remedies" but very valuable in certain forms of irritation of the respiratory tract. A remedy not used frequently enough, especially in subacute coughs. The cough is spasmodic, something like whooping cough in that respect. Sometimes the discharge comes up easily, at another time with only great exertion. The expectoration is muco-purulent or transparent but not particularly stringy like Kali bichromicum. When the cough is paroxysmal it is worse during inspiration producing dyspnœa. Taking a long breath provokes the cough. Like Causticum, the Squills patient often spurts urine while coughing. The cough is apt to be accompanied by stitches in the chest. In pleuritis Squills vies with Bryonia, Æsclepias and Kali carbonicum, and if the kind of cough described be present deserves the preference.

Phosphorus.—While Phosphorus is inconspicuous in the first stages of "acute congestions" with throbbings, flushes, and flushes accompanied by too vigorous circulation and over-full pulse, it stands in close relation with many a remedy that precedes it in the sententious though changing symptomatology of the respiratory congestions, catarrh and exudations, although its range of action is not by any means limited to such affections nor to the thorax. It is essentially indicated in subacute cases disposed to "hang on" and linger until some infection beside the original one intervenes, especially should the predisposition to tuberculosis be mentioned.

The typical Phosphorus individual is more or less delicate; too tall and slim for his years; grows upward or spindles; has narrow and contracted chest; rather delicate texture of skin; "fine-haired;" willowy of body, and mentally over mature for his age. He is the opposite from plethoric; he is phlegmatic, dull or stupid. Such a lad or maiden is naturally non-resistant to bronchial and pulmonary affections.

The cough of Phosphorus is "tight" with constriction across the chest. There is smarting in the larynx, which is easily excited by use of voice or by coughing. The cough is frequently worse from bed-time to midnight. The cough is frequently started up by going into an atmosphere of different temperature, as passing from a warm room out of doors. Soreness and rawness of the chest is a cordial symptom, the rawness being particularly under the sternum. The sputum is likely to be streaked with blood. The streaks of blood are due to the tenacious catarrhal deposit upon the lining of the bronchial tubes being stripped off by violent coughing and denuding the underlying sensitive membrane.

There is a stage of pneumonia in which Phosphorus is distinctly indicated, and, therefore, necessary as the remedy. In the Phosphorus stage of pulmonary congestion and inflammation the oppression is really pulmonary and not so likely to be associated with pleuritic irritation and sticking pains as with Bryonia. The complaint of the patient rather than being made better by pressure from the bed by "lying upon the affected part" or by other pressure or tightness across the chest; heavy weight upon the chest; delayed resolution. The sputum then is rust-colored as well as mixed with blood. The sputum flies to pieces "like batter" when it falls in this stage.

Phosphorus has a prophylactic property and may be very beneficial in preventing or modifying attacks of bronchitis in the one who has the predisposition described or one who has a ten-

dency for attacks to follow in succession or to have a cough of the nature indicated, become sub-acute or chronic.

AUTOGENOUS VACCINE.—Up to a few years since, excepting the occasional use of what are called Nosodes, little search had been made inside the diseased body for its own remedy. Applied bacteriology has come somewhat to the relief of the therapeutist and through the aid of a peculiar and new pharmacy has given us autogenous vaccines as remedies.

Among the pernicious microscopic organisms that act as exciting causes of many acute local inflammations are the bacteria of the staphylococcus group. One of the hindrances to the liberal use of vaccines is their technical preparation. Not being of the nature of ordinary crude drugs, they must be detected, secured and prepared by a competent person having special skill in technique and unfortunately such an one is not always found in an ordinary manufactory. Vaccines are usually given subcutaneously by means of a sterilized syringe, although good results are claimed for them when administered by the mouth.

In throat affections the autogenous vaccine is prepared from the virus of the infected person who is to be treated. "Stock" vaccines are upon the market, being made from some other source than from the infected individual. Stock vaccines may be either monovalent or polyvalent. Monovalent vaccine is one composed of one or more organisms etiologically connected with a disease in a single individual. A polyvalent preparation is composed of many strains of the same organism or organisms isolated from different individuals.

Any bacterium may be possessed of considerable range of biochemical variation, which may be and often is a reflection of the biochemical characteristics of its host. A polyvalent vaccine, therefore, represents an attempt to utilize in an immunizing way the modifications induced in organisms by their indifferent human hosts.

In preparing a vaccine it is necessary, first, to isolate in pure culture the etiological organisms in a given case. These are grown on a suitable medium for 24 to 48 hours, washed down in physiological salt solution, and passed through a coarse filter to render the suspension homogenous. It is then standardized, killed by heat or chemicals, controlled, and, if necessary, preserved in from 1 per cent. to 0.5 per cent. tricresol. It is then transferred to glass ampules of 1 c.c. capacity or to an ounce bottle covered with a piece of rubber dam which makes it easily accessible.

In throat affections the following are the cardinal indications for an autogenous vaccine: Pharyngeal mucosa is dark red in color, the uvula and tonsils are swollen and may be covered with a friable exudate which is easily detached, and seldom leaves a bleeding surface.

The saliva is extremely sticky and is easily drawn out in long strings similar to the Hydrastis or Kali bichromicum exudate. The throat is hyper-sensitive and slight irritation of the mucus causes gagging and not infrequently vomiting. Contrary to expectations the pulse is slow and compressible and the patient is very weak.

In such cases the dose is of five to one hundred millions, and, as indicated, must be specially prepared and estimated according to the bulk of the dose that is convenient to administer.

Autogenous preparations in doses of 300 to 500 millions are valuable in boils and carbuncles, and seem to act well whether the condition is simple or the expression of lowered resistance in diabetes or Bright's disease. They are especially indicated in recurrent crops of boils which have refused to yield to local measures.

Autogenous preparations of Bacillus coli in fistulæ and sinuses of the lower abdomen; when the pus is copious, thin, dark brown in color and of fæcal odor these preparations are indicated. Not infrequently there is a discharge of gas from the involved area if the outlet to the cavity has been blocked. This occurs very commonly in cul-de-sac drainage.

In discharges of the above character whether the condition be simple or engrafted on an old tuberculosis or syphilis, as it often is, such a vaccine is usually very efficacious. The organism has no fastidious cultural characteristics and can be grown with ease.

In the angina of scarlet fever the indications for streptococcus vaccine are intensifications of the symptoms, the throat is bright red in color, there is deep and extensive œdema and much dysphagia. A streptococcus vaccine has been of benefit in erysipelas when given early, but if the antibody response is poor the vaccine only adds fuel to the flame. The same vaccine in acute dermatitis is indicated with papules which soon pustulate.

The obstacle to autogenous vaccines is that the one who wishes to employ them may not have a competent expert in their preparations at hand to prepare them for him, then recourse is had to stock preparations, but the autogenous, if it can be prepared in time, is always to be preferred to a stock preparation for more good reasons than one.

Uræmia.

Normal individuals and patients without insufficiency of the kidneys have no retention of urea or indican in their serum independent of the diet. Indican is found regularly in the blood of patients with pronounced urea retention. It was never absent when the blood contained one and five-tenths per cent. urea.—*T. Tschertkoff, in Chemical Abstracts.*

A SURVEY OF HOMŒOPATHY IN THE STATE OF OHIO.

CONDUCTED BY FACULTY, COLLEGE OF HOMŒOPATHIC MEDICINE, OHIO STATE UNIVERSITY.

AS preliminary to the survey of which this report is a summarization, a list of fourteen different questions was sent to eight hundred and twenty different physicians. If any physician did not receive the questions, will he please consider that the oversight was unintentional and probably ascribable to an imperfect mailing list? Of the eight hundred and twenty physicians who were canvassed, three hundred and one replied, although they did not all answer every question. Hence, more answers were received to some questions than to others. The details that follow this introduction give the exact figures as contained in the answers, but from them we are justified in making certain conservative deductions. To illustrate,—about three-eighths of the homœopathic profession answered. What is true of three-eighths is probably true of the remaining five-eighths who did not take the time to reply. It is considered that for the first distribution of the questionaire that three-eighths is a very good proportion of answers. If there are twenty-three health officers among the three-eighths who have answered, it is fair to suppose that there are sixty-one health officers among the eight hundred and twenty, and so on through the list. Under question nine, the total amount of public charity work estimated in dollars from one hundred and ninety reports is $145,795.00. At the same rate, the charity service of the entire homœopathic profession must be not less than $628,940.00.

The names and addresses of newspapers and newspaper men are interesting and will be very useful for such propagandistic work as our profession may undertake. A conspicuous and astounding item in this report is that referring to state institutions.

Why a constituency who, putting it very mildly, are doing thirty per cent. of the medical service of the state are not represented in any of the great institutions is unexplainable, but it demonstrates their lack of skill in methods of organization and their feebleness in legitimate politics. As was to be expected, a few replies had beneath them the characteristic Nux vomica pessimism and indicated loss in belief, interest and hopefulness; but in the main an abounding degree of optimism prevails, all of which is interpreted in terms of enthusiasm for the College of Homœopathic Medicine, Ohio State University.

Question 2.—What specialty, if any, are you pursuing? Number of physicians answering this question, 280. There are represented 23 different specialties. The more important specialties with the number of each are: Eye, ear, nose and throat, 24; general surgery, 14; disease of women and children, 7; mental and nervous diseases, 6; obstetrics, 7; physicians not answering, 163.

Question 3.—Are you a member or officer of any board, commission or society that has to do with public service and welfare, such as board of health, board of education, pension or other examining board, city or town council or other similar office?

The number of physicians answering this question, 295.

There are 36 different lines of activity engaged in by homœopathic physicians, which come under this question.

The most commonly represented lines of activity are as follows: City health officers, 23; members of board of education, 16; members of boards of health, 9; township health officers, 6; Ohio State Medical Board, 2; examiners for industrial commission, 5; U. S. pension examiners, 11; mayors, 3; physicians not answering, 15; physicians answering "No," 175.

Question 4.—For what life insurance companies do you examine?

The number of "old line" life insurance companies employing homœopathic examiners, 71.

The companies employing the greatest number of homœopathic examiners are as follows:

The Columbus Mutual employs 31 homœopathic examiners, The Metropolitan employs 25 homœopathic examiners, The Prudential employs 21 homœopathic examiners, The Banker's Life employs 17 homœopathic examiners, The Cleveland Life employs 17 homœopathic examiners.

The number of homœopathic physicians examining for "old line" life insurance companies is 333, but it must be understood that many physicians examine for more than one company.

There are 34 fraternal insurance companies, which employ homœopathic examiners.

Question 5.—Are you surgeon or physician for any railroads, street car lines, factories, shops, mines, military organizations, county infirmary, etc.?

The number of physicians answering "No," 182; the number of physicians who did not answer, *i. e.*, answered by "no answer," 15; the number of physicians answering this question, 93; the number of railroads who employ homœopathic physicians as surgeons, 24; the number of factories who employ homœopathic physicians as surgeons, 65; the number of homœopathic physicians serving as physicians to county infirmaries, 7; the number of homœopathic physicians serving as medical officers to miscellaneous organizations, such as jails, Ohio National Guard, naval militia, base ball clubs, children's homes, etc., 18.

Question 6.—Give names of hospitals and

other institutions in your locality in which homœopathic physicians have an active part.

There are 78 hospitals in which homœopathic physicians have an active part.

It is difficult to find a hospital in any section of the country in which homœopathic physicians do not have an active part.

Question 7.—Are you individually associated with any hospital, sanitarium or similar institutions?

The number of homœopathic physicians individually associated with such institutions, 108; the number of physicians serving on hospital staffs, 70; the number of physicians answering "No," 206; the number of physicians who did not answer, 6; the number of physicians answering "Yes," but did not specify further, 35.

Question 8.—If you can do so, please estimate, conservatively, the percentage of the population within the range of your practice who employ homœopathic physicians; the same of those kindly disposed towards homœopathic practice.

The number of physicians answering this question, 256; the number of physicians giving percentage in answer to the first part of this question, 162; the number of physicians giving percentage in answer to the second part of this question, 143; the average percentage in answer to the first part of this question, 33 per cent.; the average percentage in answer to the second part of this question, 46 per cent.; the following are the number of physicians who answered this question by saying "I don't know," 22; the following is the number of physicians who did not give an answer to the question, 55; the highest percentage given in answer to the first part of this question is 100 per cent.; the lowest percentage given in answer to the first part of this question, ½ per cent.; the highest percentage given in answer to the second part of this question, 100 per cent.; the lowest percentage given in answer to the second part of this question, 1 per cent.

Question 9.—How much are you doing in public charity work without compensation estimated in dollars?

The number of physicians answering, but not necessarily giving figures, 278; the number of physicians answering by giving figures, 190; the total amount of public charity work by 190 physicians estimated in dollars, $145,790.00; the average amount of public charity work, done by each physician, estimated in dollars, $767.00; the largest amount of public charity work reported by any one physician, $8,000.00; the number of physicians answering this question by the words "no answer," 38; the number of physicians answering by reporting "none," 18; the number of physicians answering in a variety of ways such as "cannot say," "some," "no record," etc., 22.

Question 10.—Will you give names and addresses of editors or other newspaper men who employ or might employ a homœopathic physician?

The number of editors or newspaper men who employ or might employ a homœopathic physician, 150.

These 150 men represent individual papers and consequently there are this number of the public press which it is presumed will give favorable mention of Homœopathy and anything pertaining thereto.

Question 11.—Do you know of any ladies' societies that are working particularly to give relief to the needy in homœopathic institutions?

The number of physicians answering this question, 274; the number of physicians who answered "No," 260.

There are fourteen ladies' societies that are working to give relief to the needy in homœopathic institutions.

Question 12.—Are you connected with any public dispensary, training school or benevolent institutions?

The number of physicians answering this question, 278; the number of physicians connected with dispensaries, 21; the number of physicians connected with training schools, 23; the number of physicians on the hospital staffs of benevolent institutions, 13; the number answering "No," 186; the number of physicians answering "Yes," not specifying, 10; the number of physicians not answering, 22.

Question 13.—Please give other information pertaining to yourself and others that you consider will be of interest in a statistical report.

The number of physicians answering, 64.

Not many physicians answered this question and the answers received are of so varying a character that it is difficult to formulate them in a report under specific headlines.

The prevailing opinion expressed in the answers is to the effect that "the better class of people employ homœopathic physicians;" "Homœopathy is the superior method of practice;" "homœopathic physicians are doing a large share of the work," etc.

A general sentiment of satisfaction with the homœopathic principle prevailed throughout the majority of the answers.

The following are a few answers quoted verbatim:

"My death rate is much lower than that of the old school."

"I have made my mark by curing cases."

"The better class of people employ homœopathic physicians."

"When I quit the practice of medicine my patients disliked to give up Homœopathy, but were forced to, as no other Homœopath located here."

Question 14.—Are there any public institutions, meaning those suppored by public money,

in your locality from which homœopathic physicians are excluded from practice?

The number of physicians answering "No," 148; the number of physicians who did not answer this question, 36; the number of physicians answering "None that I know of," 12; the number of public institutions from which homœopathic physicians are excluded from practice, 27.

This number, 27, includes: Seven hospitals in Cincinnati, O.; three hospitals in Cleveland, O.; five insane asylums, located, respectively, at Dayton, Cleveland, Massilon, Athens and Lima. Two tuberculosis hospitals, namely, the State Tuberculosis Hospital and the Cleveland Tuberculosis Sanitarium. The Cleveland City Jail and Work House exclude homœopathic physicians.

APPENDICITIS IN CHILDREN.*

DR. CURTISS GINN, SURGEON, MIAMI VALLEY HOSPITAL.

PERCY and Ochsner, in the last edition of their work on Surgery, state that 90 per cent. of the cases of appendicitis in children come into the receiving ward with the diagnosis of gastritis.

Think of what that statement means. That after thirty years of education and investigation that only 10 per cent. of these cases are diagnosed correctly at the very time when a correct diagnosis is most important.

Most of the text-books even yet speak of inflammation of the appendix as being rare in childhood. In view of a better knowledge this statement merely means that they are unrecognized.

The youngest case on record was in a baby twenty-four days after birth—which was premature at the eighth month (1).

Deaver (2) in an exhaustive article has analyzed and tabulated 500 cases occurring in childhood and early adolescence.

He gives the following tabulation, as regards age:—

Birth, five years, 8 per cent.

Five years, ten years, 36 per cent.

Ten years, fifteen years, 56 per cent.

It is but fair to state, however, that other authors do not give the same figures—McCosh (3), for example—placing the whole percentage at 1.7 for cases under 5 years.

This is a small percentage, but when we review the mortality we find that Wm. Brauman states that in a series of cases—unoperated—below 5 years of age—the mortality was 50 per cent.

Let me quote a paragraph from Maylard (4) found in his little work, entitled "Practice and Problems in Abdominal Surgery."

The English surgeons have been much more conservative in their views of appendicitis than the American school.

He says: "An attack of acute appendicitis in childhood is more likely to be followed by another than in the case of an adult. Inasmuch as it is usually a concretion in the appendix that excites the inflammation—sooner or later abscess or gangrene will certainly set in."

In this connection, it is interesting to note that Springer (5), quoted by Deaver, found fecal concretions in 59 per cent. of his acute cases and 20 per cent. of the chronic cases.

In Deaver's statistics of operated cases, we find a mortality of 23 or 46 per cent.—of the whole number (500)—160 or 31 per cent. were gangrenous, perforated or gangrenous and perforated.

In 104 or 21 per cent. the appendix was abscessed and ulcerated, but not perforated—105 or only 21 per cent.—pathologically, were acute catarrhal and would probably have recovered from this particular attack.

This is certainly a much more vicious pathological showing than would occur in 500 successive adult cases.

The appendix in childhood and adolescence is studded with large solitary lymph follicles in the sub-mucosa.

These persist though in decreasing numbers through adult life.

Some authors, indeed, have likened the appendix to the tonsil, not alone from its lymphatic structure, but also in its location near the ileo-cecal valve, which they compare to the mouth.

The analogy is possibly far fetched—yet certainly cases of acute appendicitis in both children and adults do sometimes follow hard on the heels of a follicular tonsilitis or a pharyngitis.

The greater tendency to lymphatic infection in early life, if it has any bearing upon inflammation of the appendix at this period—is complicated by several anatomical factors:—

1. The appendix in early life is an abdominal organ.

2. The lumen is larger and its length greater in proportion to the cecum than in later life.

3. The omentum has not yet reached the development which later would enable it to wall off an inflamed appendix.

The diagnosis is often difficult. The syndrome, one relies upon in adult cases, pain, nausea, vomiting, fever, muscular rigidity, and leukocytosis, are usually present, but may be masked.

The triad of pain, nausea and vomiting, and fever is common in childhood from gastro-intestinal disturbance—it also frequently occurs at the onset of one of the exanthems.

---

*Read before Homœopathic Medical Society, of Ohio, Toledo, May 12, 1915.

Especially is the pain misleading in that it is usually umbilical.

Pain in the umbilical region is also associated with pneumonia in children and a R. pneumonia must be differentiated from an acute abdominal condition.

Leukocytosis and especially muscular rigidity are our two most important symptoms.

Often, however, it requires much tact and some little time to elicit the rigidity in a frightened child.

Rectal palpation, if practiced successfully, will show a heightened resistance on right side.

It might also be noted that all authors I have consulted give the preponderance of males over females a rate of 2 to 1.

Later in the disease, if the child survives—the flexed R. leg—the abdominal distention and tumor are present—but the diagnosis should have been made before this time.

The treatment is simple—operate as soon as the diagnosis is made.

This plan of treatment will save more consecutive cases than any other method.

This is a sweeping statement, and may meet with opposition from my medical brethren, so I will fortify my statement by one condition—providing the operator is ably equipped mentally and manually.

These cases are not for the occasional operator nor the embryo surgeon.

Children bear surgical measures as well as adults providing the amount of blood lost and the operating time are both reduced to the minimum.

The ordinary physiological measures practiced on adults are not so very practical in children.

Fowler's position is hard to maintain—the Murphy drip hard to retain and the constant denial of food and water to a child too young to understand your explanations is certainly more than most parents will tolerate.

To recapitulate:—

1. At least 5 per cent. of all cases of appendicitis occur in children.

2. The mortality, according to the various authorities, ranges from 20 to 50 per cent., in unoperated cases, as against 5 per cent. operated.

3. The cardinal signs are an umbilical or diffused abdominal pain, nausea, fever, leukocytosis, a R. rectus muscular rigidity.

4. Look upon every acute abdominal pain in childhood as appendicular in origin until otherwise proved.

5. Operate early, providing competent surgical aid can be commanded.

REFERENCES.

1. Dixon—Annals of Surgery, 1908.

2. Deaver—Appendicitis in Children, Am. J., Vol. 4, Number 26, p. 2198.

3. McCosh—Journal A. M. A., 1909, 853.

4. Maylard—Practice and Problems in Abdominal Surgery, p. 280.

5. Springer—Prag. Weinor Meinsohr, 1909.

CURING THE HAY FEVER PATIENT.

BY DR. E. J. BURCH, CARTHAGE, MISSOURI.

IT is possible that physicians are prone to be somewhat reckless with that little word "cure," but, in this instance, I think I speak advisedly. During the past two years I have employed a certain treatment in hay fever—and patients taking it, without exception, have been kept free from this distemper. I mean, of course, all those who have taken the treatment faithfully. The treatment in question appears to not only relieve the fever, sneezing, asthma, etc., but to greatly increase the patient's general well-being, as well.

To the very best of my knowledge and belief, I have never aspired to being a hay fever specialist (having aspirations along other lines), but, having had a most violent case of hay fever in my own family during the past fifteen years, or more, has kept me alert to its treatment. Moreover, the community in which I have lived for more than a third of a century seems to be a particularly poor one for hay fever subjects. The appeals of my neighbors for relief from this malevolent affection, together with my complete professional impotency in the matter, have added greatly to the discomforts annually incident to the good old summer time—to me. I think I have tried out each and every plan of treatment, medical, surgical and hygienic; rational and irrational, which has been exploited since the very beginning.

Two years ago, I began treating my hay fever patients with an extract made from the combined pollen of Spanish needle, rag weed and golden rod, prepared by the cold brine process, the details of which have been given in a previous number of this journal. Since that time, my summers have been happier, as have those of my sneezing friends, also. Best results from this remedy are obtained by giving weekly (and increasing) doses of it, for about two months before the time of the expected attack. If a patient can be brought to the point of taking as much as one-half of a cubic centimeter of the extract, without reacting, he is likely to be immune to hay fever. Given during attacks, and repeated according to individual requirements, it gives complete relief. In some patients, even a dose or two affords immunity throughout the season. Still others require many, and oft-repeated doses. The severity of the infection and the length of time it has existed are the important factors in prognosis. The records of a few clinical cases will set forth sufficiently the details of the treatment.

Case I.—Mrs. H., aged 47 years. Hay fever

for seventeen years. Attacks begin August 17th, and last until December. Are very severe. The last several years she has sneezed more or less of mornings all year round. Has hyperæsthetic rhinitis. Preventive treatments began July 14th, when an initial dose of one one-hundredth c.c. was given, hypodermically, after spraying site of injection with ethyl chloride. Dose increased until she was taking one-tenth c.c., August 17th. The attack of hay fever failed to appear—for the first time in seventeen years. Treatment continued and dosage increased as rapidly as possible, without making her arm sore. Occasionally a dose would bring on a violent attack of hay fever and asthma, which would subside after a few hours.

On September 20th a sudden temperature change developed an attack of sneezing and croupiness. Microscopic examination of the nasal discharges showed the presence of pneumococci, staphylococci and m. catarrhalis. A corresponding stock bacterin was assembled and administered along with the pollen extract. The hay fever symptoms subsided within eight hours. Treatments with the pollen extract and the bacterin (combined) were given daily for five days, after which all treatment was discontinued. Patient had no further trouble.

Minimum dose of pollen extract administered, one-half c.c. Her general health has improved very decidedly since beginning treatment.

Case II.—Mrs. J., aged fifty. Hay fever for twenty-four years. Begins in June. Lasts until January. Eyes particularly affected. Wore dark glasses throughout attacks. Asthmatic the last ten years. Many pneumo- and staphylococci in nasal discharge. Initial dose, one one-hundredth c.c. of pollen extract, combined with bacterin. Free from hay fever symptoms at end of two weeks. No return. Maximum dose of pollen extract, one-half c.c. Treatment began September 10th.

Case III.—Mrs. M., aged 46. Hay fever for seventeen years. Always asthmatic during attacks, which began August 14th, annually. Presented herself for preventive treatment July 28th. Was apparently in perfect health. A hypodermic of pollen extract, one-tenth c.c., administered. Three and a half minutes afterward she began sneezing violently. Inside of ten minutes she had developed an extraordinarily severe attack of hay fever and asthma; swelling of face and hands; marked general urticaria; arm at site of injection very much swollen and inflamed; temperature 101; much chilliness; stiffness and redness of the joints, strangely simulating an attack of acute inflammatory rheumatism. Symptoms began to subside after twelve hours. A week later, one one-hundredth c.c. was given, without reaction. Five days after that one-fiftieth c.c. produced no reaction. Patient unable to return for treatment until September 4th. Hay fever had returned August 30th—over two weeks late. It had never postponed before. Hypodermic of pollen extract gave relief for two days. Patient did not return for a week. Another hypodermic of the extract, one-tenth c.c., gave complete relief for two days. Impossible for patient to take treatments oftener. A week later one-tenth c.c. gave complete relief for four days. Patient unable to continue treatment. A few days ago, patient called to say that last year's attack was the lightest she had ever had, especially as regarding the asthmatic condition.

Case IV.—Mr. M., farmer, aged 55. Past five years unable to work at all during September and October, account of hay fever and asthma. Unable to walk up town, from railroad station. Brought in carriage to my office. Uncomplicated case. Received pollen extract, one-tenth c.c. Three days later dose repeated. No improvement. Third dose on sixth day. Walked from station to my office. Complete relief after fifth treatment. No recurrence. Final treatment September 15th.

Case V.—Mr. B., aged 42, traveling salesman. Hay fever fifteen years, beginning on August 24th of each year. Has been sneezing for past two weeks. Watery discharge from nose and eyes. No bacteria found in discharges. One one-hundredth c.c. of pollen extract gave complete relief within two minutes. Effect lasted two days. Could take treatment but once per week, for business reasons. After fifth treatment, no relief from the remedy, to which he reacted severely. Should have small dose frequently repeated. Patient has spur in nostril, which he is not in position to have removed at this time. Treatments discontinued.

Case VI.—Miss B., aged 24. Hyperæsthetic rhinitis, without relief, during past year. Began in September. Has been passed up by several nose and throat specialists in Kansas City. Profuse clear nasal discharge. No bacteria found in it. General health first-class. Treatments every second, third and fifth day for a month afforded complete relief. No return now after eight months.

Case VII.—Mr. W., aged 17. Hyperæsthetic rhinitis. Has had several nasal operations and much local treatment. Sent me this winter by his throat specialist. "Maybe you can help him with that dope of yours." "I can't," the doctor wrote me. Patient has had hay fever since early childhood. Especially aggravated by riding in carriage behind horses. Been under treatment two months now. Last hypodermic two weeks ago. Is having practically no trouble with his nose at this writing. Maximum dose of pollen extract, one-half c.c.

Case VIII.—Miss H. B., nurse, aged 20. Initial attack. Began September 5th. First treatment September 12th. Hypodermic of pollen

extract, one one-hundredth c.c. given. Relief for a week, when dose was repeated. No further trouble.

Case IX.—Mr. C., aged 35. Day laborer. Initial attack. Was called to see him at his home September 5th. Found him in bed; severe aching in legs and back; pains in chest; cough; sneezing; profuse clear discharge from eyes and nose. Had had several chills the night before. Eyes blood-shot. Unable to breathe through nose. Temperature 102. Marked sense of constriction about the chest. Had walked through a large patch of Spanish needle, on his way home from work, the evening before. Taken sick suddenly. Remembered that the odor of the plants had nauseated him, as he walked over them. One dose of pollen extract, one-tenth c.c., gave complete relief within ten hours. Patient returned to work next day. There was no return of the diffculty.

These cases are sufficient to show what this new treatment is doing in my hands. Of course, these results may be only accidents, but it is hard for me to believe that they are. If my patients are thus benefitted, perhaps yours will have the same experience, at your hands. This pollen extract may be made by any physician having ordinary laboratory equipment and the disposition to do some hard, painstaking work.

Will this pollen extract cure every case of hay fever? I suppose not. That would be most too much to expect. It will not take the place of surgery, medicine, or hygienic management in these cases, either. Employ all the side-helps needed in every individual case. Is it harmless? In the hands of intelligence it is. How long will its effects last? I do not know. It will take time to decide that. Will patients have to take the treatment every year, in order to keep free of hay fever? Time must decide that also. Is it strictly homœopathic? Decide that for yourself. Would you administer it to a member of your own family? I would. I do. I take it myself. Have you ever had a bad result from its use? Absolutely not. How does this extract differ from other pollen extracts? In the way the pollen-toxin is extracted. Is your product stable? Not so very. It is quite likely to spoil in the making. Many "batches" of it have proven to be inert when I thought them ready for use. The extract must always be tested out in every possible way before being used hypodermically. There is considerable bother to this business, but the results, in my judgment, are sufficiently good to warrant all the effort required and I shall be very glad, indeed, if other members of the profession will try out this plan of treatment.

Yes, after the mother extract is "made," the dilutions of it are quite stable, if not heated to more than one hundred degrees F.

I am not posing as a discoverer, or assuming any airs of proprietorship, in this connection, but this plan of treating hay fever has, thus far, been so satisfactory to me and to those entrusting themselves to my professional care that I feel like going out of my way to recommend it to the profession at large, to the end that its real merits, or demerits, may be fully determined and the treatment be accorded its just place in our medical armamentarium.

THE URETHROSCOPE.

DR. A. H. DUNTON, CINCINNATI, OHIO.

CLINICAL experience has shown us, time after time, that even the best of our prescribers have considerable trouble in clearing our patients, that is, making them so that we are reasonably sure they are not infective when we have present in the posterior urethra old granulations and a sub-acute or chronic inflammatory process, perhaps septic in nature, to deal with.

It is well for us to observe rapidly and briefly the anatomy of the urethra. The first or pars prostatica is the widest and most dilatable and it is within the cavity of the pelvis. It passes between the two lateral lobes of the prostate gland, is about one-quarter inch in length. Its epithelial lining resembles that of the bladder, being stratified squamous in the urethra, and changing to a more transitional variety in the bladder. These beautiful squamous cells in this short quarter inch of the urethra seem to laugh at our best efforts sometimes, and the more we try to fight them, and the infection they contain, the worse we are baffled in our attempts. We may try tissue remedies, high potencies, low potencies, vaccines, irrigations, injections, astringents, antiseptics (EVEN THEURETHROSCOPE), everything, and still the infection remains. If, then, any of you have these cases coming to you, constantly, you may well know how I feel sometimes when several present themselves for treatment each day.

Several other landmarks are also seen on its posterior wall, a narrow longitudinal ridge at the crest of which is a very important enlargement. This is called the colliculus seminalis (verumontanum), the function of which is (it is supposed) to keep the semen and spermatozoa from entering the bladder during ejaculation. Now on each side of this small mountain, though it seems large, indeed, at times are found numerous small orifices of the prostatic ducts, the openings of the ejaculatory ducts, various crypts, etc. Now, when we view all these structures and see perhaps pus coming out of these little pockets and crypts and fissures in this region we no longer wonder why the gonococcus is so hard to fight.

The second, or pars membranacea, is the narrowest part of the canal, except the meatus; it measures three-quarter inches in length. Be-

hind this portion and on each side of the medium line are small glands known as Cowper's glands. In this portion we usually have stratified columnar epithelium.

The third, or pars cavernosa, is the largest division. It extends from the pars membranacea to the meatus urinaris. It is six inches in length and is usually lined with pseudostratified epithelium up to the fossa navicularis, where it changes to stratified squamous epithelium.

After this brief dry review of the anatomy and histology of the parts, we at once come to the conclusion that we are up against the real thing when trying to cure chronic gonorrhœa, especially of the posterior urethra and its appendages. It requires time, the most careful study of each case and the patience of Job to do the work. (Sometimes prayer to those inclined that way, others take it out in more forceful manner.)

Before we introduce our instrument we can find out much of real value to us. Take a smear from the meatus, if possible, make a slide, stain, and if gonococci are found present we have demonstrated clearly and beyond a doubt that somewhere, some place along the urethra or its appendages a lesion. Now begins the search for the (needle in the haystack). We have the patient pass his urine and, of course, examine, as per glass test, note the character of the shreds and mucus; I find, in my experience, that long spindle shaped shreds, laden with pus, which sink rapidly to the bottom of the glass, with or without haze to the urine, usually indicate areas of ulceration in the posterior urethra or in the colliculus seminalis or a pus pocket posterior to the colliculus. They also indicate sub-acute infection and although sometimes there is no discharge from the meatus at this stage, yet the patient is full of infection. Sometimes the enlarged colliculus must be sloughed off and rehealed before the condition subsides. Now if few shreds are present, or, perhaps, none at all, only a haze, we have either a chronic prostitis or vesiculitis or an extention of some kind into the ducts or urinary condition to deal with. Haze may also be due to a colliculitis or a folliculitis anywhere in this region; it is well at this time also to measure the urethra with bougies for a possible chance of stricture.

At this point a urethroscope is introduced into the posterior urethra, if possible; if not, a meatotomy is done and the instrument introduced later, or, if in an exceptionally great hurry or if the patient is an out of town patient, it may be introduced at once. We now examine the colliculus. It may be large, bright red or bluish or perhaps just ready to bleed; we see the openings of the various ducts, ofttimes pus or small amounts of excretions can be seen coming from their openings, many times small papilomata are seen in this region; this accounts, by the way, for many a case of long standing gleet, which injections have failed to reach. These papilomata can be easily cured by touching them with 20 per cent. Silver nitrate or with saturated solution of Thuja, and Resorcin.

Let us now proceed in our search for all, if possible, of the locations of our enemy, the gonococcus; we have the patient come back the next day to massage the prostate on a full bladder, or we can massage at the time; if the gonococci are in the discharge we are then sure that our trouble is at least in the ducts or the right or left vesicle. As we cannot see these, and as we have not found the trouble with the urethroscope already, we must put eyes in the ends of our fingers, so to speak, and confirm by our rectal examination whether the right or left vesicle is tender to touch, enlarged and just the size and consistency of the prostate. We can feel the soft boggy prostate that is obscessed, and by this means also diagnose the condition of the vesicles, and now having completed the urethroscopic examination we can get more than a fair idea as to just exactly where the reserve cistern is for the infection.

There are some few cases of this kind that have no gleety discharge when they present themselves for examination and swabs taken from the various parts of the urethra or the shreds in the urine are both, if possible, examined at suitable times. Slides are now made and prostatic massage instituted. All slides are examined, and this again tells the story in many cases as to the location of the infection.

After feeling assured as to our diagnosis, we have before us the most discouraging task of all, that of treatment. In these conditions we nearly always get a clinical cure if treatment is persisted in ; this, combined with the confidence of the patient, makes our task somewhat easier, especially if our trouble is confined to the urethra alone and does not affect the ducts.

Our examination is now complete, let us say our case is one of long duration, chronic in the extreme. The writer tries to touch up all the spots he possibly can at one sitting. It is very important, I think, first, to dry the portion of the mucous membrane that is to be touched with the cotton applicator before applying the Silver nitrate or whatever is used for the treatment. Then apply treatment, re-dry, so that the treatment will not tend to the opposite healthy tissues and there set up an unnecessary irritation.

Lately I have been using a solution containing Resorcin, saturated in Lloyd's Thuja. I use this when there is a tendency to bleeding in the posterior urethra. It seems to fit these cases exactly, though I have not, as yet, tried it enough to positively say its full uses and limitations. This is applied the same as the others, by means of the urethral applicator.

We are apt to expect, after treatment of these

cases, some kind of reaction; it is well to tell the patient before hand that he can count on some pain at urination or perhaps a little blood, an increased discharge, perhaps a few reflex rectal pains, etc. This reaction lasts only a day or two, and then rapidly subsides. If, however, the manipulation of the parts has not been careful and gentle, we are apt to set up an epididimitis, which is an unfortunate condition. The writer has never had such a case, but has seen several due to instrumentation, so it is well to be very careful in all manipulations.

If Iodine is used as an application, the pain, in most cases, is more severe and lasts longer than that of Silver nitrate. Often lasts a week or more. Cases vary, however, so it is well to tell the patient the various reactions that are apt to happen so that if he is fortunate and has none of them he can only praise and not condemn.

Some think that Iodine has no place in the posterior urethra. In my experience it acts really better in fairly recent cases than any other remedy. It seems to absorb a recent infiltration quickly and when followed by some astringent injection healing takes place at a more rapid pace.

The gonococci vaccine is called for in some of these very chronic cases, in conjunction with the urethral applications, either the autogenous or the stock vaccine is indicated: if the stock vaccine is to be used I prefer the Sherman's mixed; though there has been much argument on the efficiency of a mixed vaccine, I use it, and think I get results. It also has another value aside from the fact that it seems to hurry our results with the urethroscope, that is, its value concerning the diagnosis and prognosis of our case. We may expect much swelling pain and stiffness at the site of injection if our reaction is at all marked in character. The reaction is then said to be strongly positive from a clinical standpoint. In recent years the opsonic index was carefully watched during the negative phase but now in the treatment of these conditions we have largely discarded the opsonic index as a criterion to the condition of our patient for the reason that we are led astray so many times by the unreliability of the reaction. If the negative phase is well marked we can expect a longer positive phase. This is our curative phase, and lasts three to ten days. We may have to give one or more injections of the vaccine before we get any reaction at all, but when active process is going on we are sure to get some slight reaction. We can then tell better what prognosis to give our patients.

If after all these measures are gone through with regarding our case, as one who has been to many doctors of all schools, having had all the various commoner forms of treatment, such as sounds, injections of all kinds, nauseating santal compounds; in fact, everything but what we have already done, and our case is again at a standstill, we have left, perhaps, a post-gonorrhœal urethritis mucous, no pus cells, occasional shread, we are now ready for the tissue remedies. I usually rest treatment at this stage for perhaps a month, and if the patient seems to require medicine for its psychic effect I give Sac. lac. for a time and then put the patient, as a rule, on first three doses of Medorrhinum 200x. Now the effect is watched and the proper intercurrent tissue remedy is diligently searched for. Calcarea sulph. 30x is usually given a trial, or Silicea may be indicated. Perhaps Silicea is better given to start with and followed by Calcarea sulph. If there should happen to be a watery, transparent, constant, oozing excretion, Calcarea sulph. and Natrum mur. usually are found to be indicated in these cases. The discharge of Calcarea sulph. is spoken of by the patient as "Doctor, I positively will never get well of this constant morning pussy discharge."

I think that I have about covered the tissue remedies, though Natrum phos., Ferrum phos., should not be overlooked.

Now, if after several months' treatment, and the patient happens to still be under your charge, and is still not cured, and his familiar face has come to your office so often that its pitiful look haunts you in your dreams, and he still avows his confidence in your ability to cure his long existing infection, as you no doubt have done him good, and you are not able to turn him over to any more specialists, as he has had his fill, and he still has more confidence in you than you have in curing him, simply do this: Make a new start in life, as it were, sit down with the patient some Sunday morning, or any time when you have a good deal of time, and with utmost patience let the patient tell his own story from the beginning to the bitter end. You may, perhaps, in looking over the case again thoroughly, from a standpoint of history, find some point that has entirely escaped everybody's notice, including yourself. After the history is taken again, go over his physical condition. Make a complete examination, as has already been described, and treat once more for what you find. I really have not found many cases which were not clinically curable, if time and patience were allowed; of course, I am not speaking to you about the ignorant class of people who neither known or care when or how they are cured, or not cured, but of the intelligent, honest man or woman who happens to be so unfortunate as to have contracted this condition.

As to the standpoint of cure, here is a subject that volumes could be written of, and when the patient asks you the question, "Am I cured, am I free from infection?" and it is up to you to give him an honest answer. If the patient has been free from shreds, discharge, etc., for a period of three months, and his morning urine

still free from shreds, we can, with a reasonable degree of assurance, tell our patient that he is cured. Of course, in these three months that have passed he must be placed on no restrictions as to diet and drink, as to indulgence of any kind, let him have a free reign. The usual tests are gone through with and I now believe with very few exceptins that our case is cured. We must, however, tell our patient that there are exceptions, and that he must assume his own risk. Now as to our cases that still persist in their constant gleety discharge, if we find that it contains no pus cells, but is merely a post-gonorrhœal catarrh, we can tell them what few there are of them, that they are cured, after, of course, going through all the customary tests. Some pathologists say that gonorrhœa is incurable in many instances and perhaps it may be true. I will not argue the question. They are looking at it from a microscopical standpoint, and what disease of an infectious nature in a general way, especially in the bad cases, does not leave its trace behind. For instance, if a case of tuberculosis is arrested and the patient lives a comfortable life, free from tubercle bacillis in the sputum, reaches old age and dies of, perhaps, pneumonia, or any disease you may name, can we say because this man has calcified tubercles in his lungs found on post-mortem examination, that he is not clinically cured of tuberculosis? This is true, as we all know, of syphilis and many other diseases, and is well recognized fact. I look upon gonorrhœa in the same manner. If the patient has lived a long, useful life, never infected any member of the family, and dies of something else, why not call him cured, and dismiss all argument?

If I have succeeded in telling any of you any good points, to make use of in the future in the treatment of these cases, I am glad. If not, and you disagree with me on any of the points I have brought out, I will say this that my own experience has taught me these things, and if I err at any point I shall only be too glad to be corrected, as I am only anxious to cure, clear up or benefit any of these unfortunate cases.

The fifth edition of Boericke & Dewey's *Twelve Tissue Remedies of Schüssler* is now out, "rewritten and enlarged," 450 pages. The price is $2.50, mailed post-paid on receipt of price. Evidently this book is the standard for all physicians who use the famous tissue remedies; and, who does not? They are a complete therapy in themselves, a wonderfully successful one, satisfactory to patient and physician alike. The first "Schüssler" book in English was written by Dr. Constantine Hering, and published by Boericke & Tafel in 1874. It contained 44 pages, 16 mo., while this one has 450 octavo pages. Some advance! Better get a copy.

POST-OPERATIVE THROMBOSIS.

BY W. A. HUMPHREY, M. D.

CASE I.—Female, mother of two children, the youngest, aged two years. This patient was referred to me during my service as Gynæcologist at Toledo Hospital last year. Dr. McVay, who sent the patient in, reported to me that she had had two attacks, which he had diagnosed as appendicitis, the last one a short time previous to her admission to the hospital. Examination revealed some tenderness in the right illiac region, which was probably due to the former appendicitis. The patient was very thin, somewhat weak and had a badly coated tongue, all of which pointed to the fact that she might have had, and probably was still suffering from, some form of infection. Her pulse and temperature were practically normal. An operation was performed for the removal of the appendix and for examination of the female organs as well. There seemed to be no disturbance of the latter. The appendix showed some mark of having been inflamed. There were no adhesions and the case apparently was a clean one. The appendix was removed in the ordinary way. After having been crushed and a ligature tied around its base, the stump was inverted and buried by means of a purse-string suture. The meso-appendix was treated in the usual manner. In fact, the case had all the appearances of being a perfectly simple affair. It went along without incident until about the end of the first week when she developed a severe attack of colicky pains radiating to the upper quadrant of the abdomen. The pulse rose to 130, the temperature was up for several hours to 102, but soon subsided to normal. The pulse, however, remained high for quite a while. There was nausea and vomiting. She had a second attack similar to this four or five days later and for some time subsequently she complained of soreness and pain across the lower portion of the abdomen. The diagnosis was that of probable thrombo-phlebitis. Just where it was located or what veins might be involved we do not know. The further progress of this case was that the patient occasionally had slight rises of temperature of transitory nature. The pulse, however, remained high. At the end of the second week, or the beginning of the third, our diagnosis was confirmed by the development of a phlebitis of the left leg and thigh involving the femoral vein. The patient made a slow recovery and is now at her occupation of book-keeping after a period of rest extending over a period of several weeks. After six months the leg is still a little enlarged, but is free from pain and causes no discomfort.

Case II.—Mrs. W., referred to me last spring for a perineorrhaphy. She was the mother of two children, the youngest three months old. She had had complete laceration, involving the sphincter ani, at the birth of her first child. The

laceration had been repaired by a physician in New York City, who told her that the result was a good one. At her second confinement the physician in attendance notified them before delivery, upon examination, that she had practically no perineum and wanted the family to know it before the delivery was made so that no criticism might come to him. I found this diagnosis to be true. There was nothing more than a very scanty, fibrous union between the rectum and the vagina. The patient did not have control of the bowel and was very much troubled by the escape of gases and stool. The usual operation of splitting up the tissues, reuniting the ends of the sphincter ani, and bringing together the musculature above, was done by inserting two deep sutures into the separated levator ani muscles and closing up the mucocutaneous surface in the usual way. The case was apparently clean in every way and there could be no reason why we shouldn't have the usual result. About seven or eight days afterward the patient was attacked with pains along the anterior and inner surface of the left thigh, which she thought was rheumatism, but a phlebitis soon showed itself involving to a greater or lesser degree the whole lower extremity. She made rather a slow recovery, but has remained well ever since, having a new perineum and has gone on without any further disabilities.

Case III.—Mrs. H., twenty-nine years of age, primipara, was delivered by me at Toledo Hospital last August. She was the picture of health, had been very athletic in her life and was very muscular about the hips and lower extremities. Owing to the inability of the head to engage she was delivered by podalic version. The after-coming head inflicted upon a very narrow vagina a great deal of traumatism of the vaginal-mucous surface, as well as laceration of the perineum. The patient caused us a great deal of anxiety for a couple of weeks, owing to the extensive traumatism. She carried just a trifle of temperature, at no time exceeding 100. At the end of the 18th day there developed the symptoms of thrombo-phlebitis of the left lower extremity. Ten days later there was a limited area of thrombo-phlebitis of the anterior surface of the right thigh. This condition was accompanied by a rise of temperature for a couple of days, but otherwise proceeded an uneventful course resulting in recovery.

I have written a description of these three cases, coming one after the other, as they did, forming an unusual group in the history of my own work. All these cases were conducted in the hospital with our usual aseptic preparations. All work done upon them was done under the use of rubber gloves so that we felt fairly sure of our technique. Thrombosis presents four pathogenic factors, which play a more or less active part in the process. First, the presence of inefective organisms; second, structural alterations of the intima; third, disturbances of the bloodcurrent; and, fourth, chemical changes in the blood. Not all of these factors are necessary to be operative in every case. It is the cases due to infection which cause the surgeon the greatest anxiety and, in fact, it is hard to conceive of thrombosis or of thrombo-phlebitis without the presence of infection. The causative factor in these cases is the infective organism. The primary lesion a phlebitis, and the terminal process a thrombosis or a thrombo-phlebitis. Take, for instance, Case I., following the operation upon the appendix. It is difficult to imagine an appendicitis which is not an infection. Consequently we have present in every case pathogenic bacteria, even in the cases which we term clean. Sonnenberg, in a series of one thousand operative cases in his clinic, had twenty cases of thrombosis, nine of which involved the right leg; two both legs; two the vena porta; one the vena cava, and six the left leg. Fourteen of these cases occurred during the interval between the attacks and six during the attacks.

To summarize these statistics we find that in this series all of the cases of thrombosis occurred in the veins, the majority in the veins of the lower extremities. The arteries may, however, be the seat of a thrombosis, as in Middledorpf's case, a case in which there was an unopened appendical abscess. A thrombus, secondary to embolism, formed in the right femoral artery, the limb soon became gangrenous and was amputated.

In Case II., in which the perineum was repaired, we might have had as an exciting cause of the thrombosis the second cause enumerated at the outset, namely, disturbance of the intima. In fact, we have in Case III. the same condition, that is, one of traumatism of the coats of the veins, which acted as a primary cause upon which were engrafted the infective organisms which found their way to the point of injury.

Alterations in the intima are very much more influential than any variation in the blood current. As, for example, the changes in the vessel walls, which occur in contusions or wounds and in inflammatory lesions and in such degenerative processes as atheroma, calcification or necrosis. We also might include thrombosis associated with endarteritis, which so frequently determines senile gangrene. Keeping in mind that all of these processes are more or less bacterial in origin, it is possible to find the causative infection present in the coats of the vessels prior to any operative interference so that the fault for an infection precedes the operator and already lies in wait for any injury to the vessel itself to light up an extensive disease process whenever sufficient offense is given.

Following up the etiological factors further

we find among them enumerated all causes which in any way disturb the circulation. Heart lesions, lowered vitality from anæmia or any other source, pressure from tumors, chilling of the abdominal contents during operation, topographic relation of the veins to the field and consequent trauma. No celiotomy, no thrombosis, is largely true. The relationship of the deep epigastric artery and vein are said to be the most potent factors in the production of thrombosis, especially in pelvic exploration via the abdominal route. Traumatism of these vessels under such conditions is a matter much more easily done than avoided, where strong traction is used. The terminal results depend entirely upon the seat of the lesion. If the thrombosis be located in the mesenteric veins, the result may be a grave complication involving the liver. Should it involve the branches of the vena cava the prognosis will depend upon the extent of such involvement, keeping in mind all the while the possibility of embolism to the lung, brain or any remote organ or tissue. The prognosis of simple thrombosis of the veins of the lower extremity is usually good, although all cases possess a dangerous element at all times from embolism, sepsis or gangrene.

The Treatment of Thrombosis.—The treatment of thrombosis is ordinarily summed up in the words rest and support. When the thrombodic condition involves abdominal vessels, rest is an all-important factor, for without it nothing can be accomplished for we are dealing with a condition which is obscure, not being able to determine just what vessels are implicated. Pain may be combatted with opiates or dry heat, or both. The patient must be kept in a horizontal position, not allowed to undergo any excitement, or to suffer any unusual strain, such as might come from straining at stool or in voiding urine, thus reducing the danger of embolism to a minimum. If the extremities are involved they should be somewhat elevated and supported by means of cotton batten over which is placed just a fairly close-fitting bandage. Over this may be applied dry heat. No massaging is permissible nor would I risk it even later until such time as all disturbance has passed away, perhaps after a period of two or three weeks, and then it should be done in the most gentle and painstaking way. Latterly a close fitting bandage may be applied to the limb. These patients should not be permitted to use their limbs for any active service under three weeks from the initial attack. When it comes to the selection of an internal remedy we should keep in mind the fact that in almost every case we are combatting a septic process and that while we have in Hamamelis, Pulsatilla and Arnica three very potent remedies in their own sphere, we should bear in mind that Echinacea, Arsenicum, Crotalus and others, are active agents in fighting against micro-organisms. The diet should be nutritious, but not too stimulating.

NASAL AND ORAL INFECTIONS AS RELATED TO SYSTEMIC DISEASE.

BY A. B. CLAPP, M. D., MUSCATINE, IOWA.

NEVER within the histories of the dental and medical professions have these two sciences been so closely associated as at present, and while formerly the relationship has been noticeable between the dentist and nose and throat specialist, it is but recently that the general practitioner is awakening to the fact that many of the systemic diseases are but the absorption of infectious material from within the nose, mouth and throat, and its deposition in dependent areas.

While it is true that we may and do have absorption of poisonous material through abrased cuticle, it is very evident that the greatest number of diseased conditions have their roads of invasion through the respiratory and alimentary tracts.

This fact has directed our attention to diseased teeth with their various manifestations, as infected pulp, pyorrhœa, alveolaris and pus sacs at root, the lymphoid tissues of the naso-pharyngeal vault, tonsils and the several sinuses of the nose.

Cornel ulceration, choroiditis, asthma and glaucoma due to infection from a diseased tooth or sinus may seem far fetched, but has been definitely proven by the results obtained when areas of infection were properly cleaned up.

Otalgia and facial neuralgia are often associated with diseased teeth, and may be some enlightenment upon the results obtained when Mercurius is indicated in these troublesome affections.

And so, along this same line we are now prone to look for the cause of articular rheumatism, endocarditis and tubercular affections to be tonsillar infection.

Let us distinctly understand that a diseased tonsil does not necessarily mean a large one nor that the pus contained within be easily discernible, and thus be classed as an undesirable section of pharyngeal property and a menace to good health.

We are well aware that the mouth is the festive ground of many varieties of bacteria which, being swallowed, may infect the abdominal viscera, and while the acid gastric juice may retard the growth of some of the cocci group, it has little or no effect upon other bacteria.

We shall not attempt to go into the bacteriology of the subject under discussion except to say that great strides are being made along this line, and have been a material help in tracing the source of infections.

In attempting to eradicate the infectious foci our attention must first be directed to good drainage, and especially is this true of the sinuses of the nose.

The process of obtaining sinus drainage may call for the simplest reduction of hypertrophied tissue by astringent and antiseptic tampons to the major method of bony sacrifice, and along with this work we may profitably consider such remedies as Kali bichromicum, Hepar sulphur, Kali iodide, etc., which often give valuable assistance.

General drainage of the nose is important, and here we may find the cause to be a narrowed nasal passage due to imperfect development in which improper breathing and habits in early life play a prominent part.

Probably of more importance is the consideration of the lymphoid tissue of the naso-pharynx, and I believe we are all agreed the only proper treatment of adenoids and diseased tonsils is their complete removal.

The dentist has made some progress in the care of diseased teeth, but not what it should be. The trouble probably lies in the fact that the really good dentists are in the minority, and again, that the laity in general pay little attention to diseased processes of teeth and gums, and are well satisfied if eating facilities are not impaired, and that they are free from toothache. Apparently sound teeth may have a pus sac at the root and be the cause of various diseased systemic conditions, and in these seemingly idiopathic conditions we must consider that we have not fulfilled our mission unless proper search is made for the source of trouble.

Autogenous vaccines are being used with varying success, and in this work probably the results depend upon vaccine being made from the causative organism, and, therefore, the proper antigen. The fact to be met is the fact that we must clear up the source of infection, but this does not mean that we must feel duty bound to enucleate every tonsil, drain every sinus, nor pull every tooth in our attempt to fasten the guilt upon a certain culprit as much can be accomplished by the conservative treatment assisted by the proper indicated remedy.

The consideration of this subject must exemplify the fact that the various specialties of our profession should be more closely associated and that the patient should have the privilege of more general and diversified consultation with the various specialties in their distinct lines of experience, so that the causes of these elusive diseases may be more definitely worked out and still not be a financial drain upon the patient. (Iowa Central Homœopathic Society.)

Dr. C. A. Burrett will spend July visiting in Michigan.

THE MATERIA MEDICA RESEARCH LABORATORY, COLLEGE OF HOMŒOPATHIC MEDICINE, OHIO STATE UNIVERSITY.

BY JACOB R. WIGGERS, LABORATORY ASSISTANT.

AS a result of the generosity of certain friends of this college who are interested in the advancement of Medical Science, especially as it relates to drug action from a Homœopathic standpoint, a fund has been raised to establish a Pathogenetic Laboratory. The University has very kindly set aside a large room in the Horticultural building to be used for this purpose. About $1,000.00 has been expended in equipment and the University has appropriated $1,200.00 a year for assistants and maintenance. The Laboratory is now in operation and is fully equipped with all of the apparatus necessary for the study of drugs as they affect the different tissues, secretions and excretions of the body; furthermore, a special study is made of drugs as they affect the blood, blood pressure, opsonic index, leucocytosis, etc.

The purposes of this Laboratory are threefold: First, to give actual instruction to the first and second year students in Homœopathic Pharmacy, the making of the more commonly used pharmaceutical preparations of the Homœopathic Pharmacopeia, and, perhaps, more important than all, to demonstrate the physiological effects of drugs upon humans and animals with the idea that such demonstrations will give the student a groundwork upon which he can later on add the finer shades of drug symptomatology. The antedotal relationships of a chemical and physiological nature, which exist between drugs and the dynamic action of medicines, will receive especial emphasis and demonstration. The second function of the laboratory is to conduct provings, along strictly modern lines, upon men and women, such provings to be supplemented by corresponding experiments upon animals. Homœopathic therapeutics is the best method of treatment which the present affords, and all experimental works, provings and research investigation are conducted solely to demonstrate the truth of this law of cure, and to extend its usefulness by the introduction of new remedies and by advancing our knowledge of the older ones. The third function which this laboratory will serve is to give opportunity for research work in drug action, especially as in regard to the effects of drugs upon the opsonic index, blood changes in general, and the pathological tissue changes which medicines exert upon the tissue proclivities.

The Professor of Materia Medica and his Assistant are full paid men (a statement which also applies to all other members of the College Faculty) and devote practically all of their time to instruction in Materia Medcia, both by the usual didactic methods and by use of this laboratory.

MEDICAL CENTURY

THE NATIONAL JOURNAL OF
HOMŒOPATHIC MEDICINE AND SURGERY

PUBLISHED MONTHLY BY
THE MEDICAL CENTURY PUBLISHING CO.
LANCASTER, PA.

WILLIS A. DEWEY, M. D., Ann Arbor, Mich.
ALBERT E. HINSDALE, Columbus, Ohio. } Editors

All communications to the Editor, Books for Review, Exchanges and Contributions for publication, should be addressed to Ann Arbor, Mich.

VOL. XXII JUNE, 1915 No. 6

MEDICAL LEGISLATION.

MEDICAL legislation in the various States as not had the plain sailing desired by the Medical hyena of Dearborn Street Association. An Investigating Committee has shown up the rottenness of the Alabama Board of Health law, which places the health of the state in the hands of the Allopathic State Medical Association.

In California the medical board's desire to control Medical Education and extend their power was curtailed and the Lower House passed a bill repealing the compulsory vaccination law.

In Colorado a whole lot of Medical bills, all evidently emanating from the American Medical Association, were defeated.

In Connecticut much opposition developed to the scheme to hatch a public health bill aimed to create encouragement and funds for that wholly unnecessary person and professional failure, the political doctor.

In Massachusetts there were protests against compulsory vaccination.

In Michigan the District Health Bill was killed, both with and without salaries, despite the activity of the Medical octupus, led by its president, a resident of the state.

In Minnesota Medical bills were turned down.

The Chiropractor's bill passed in Nebraska.

In New Mexico the bill to control medical practice passed the Senate, but died in the House.

An obnoxious medical practice bill was introduced into the Ohio Legislature, but amendments have been added to render it less so, should it finally pass.

The Medical Certificate law in Wisconsin was amended, it now suits the political doctors better, but is still more objectionable to the people generally.

It would seem to us that we, as a School of Medicine, are neglecting our opportunities. Many of these bills could have been countered by a simple bill, which would safeguard the interests of the people and allow medical freedom to exist throughout the country.

As a matter of fact, Medical Examining Boards are and always have been failures. Their only successes lie in providing funds for the support of a large number of incompetents who compose them. These Boards stand in the path of Medical progress, placing premiums on incompetency and lack of experience. The practitioner of thirty years' experience cannot compete with the graduate of thirty days agone.

The public should be informed of this, the political doctors will not do it, and those who are engaged in the practice of medicine are too busy to do it.

We believe there could be formed a legislative league or Senate, which could be composed of two members from every state in the Union, which could, under an efficient and energetic leader, do great work. Our school has had no real legislative committee for fifty years. Some good work has been done by individuals in certain states, but with the multiplicity of State Medical laws, and no two alike, there is need of an interstate body whose duty should be to formulate and introduce bills that should be simple enough to suit all localities and establish a working reciprocity throughout the entire chain.

AN APPEAL.

THE Council on Medical Education frequently has interesting and important data and items about Homœopathy that are worthy of a wide dissemination among the laity.

We desire especially to secure the names of newspaper owners, editors and writers who employ homœopathic physicians in their families.

Our physicians can greatly aid the work of the Council in sending the Secretary this information, and incidentally help themselves in bringing to the people of their towns information as to what the Homœopathic School is doing, its progress, its institutions and its successes.

The Council has already the names of several hundred newspapers whose editors and owners are homœopathic patrons, and who are anxious and willing to print items of interest concerning our School of Medicine. Kindly help us to enlarge our mailing list.

W. A. DEWEY,
Secretary.

Ann Arbor, Michigan.

AMERICAN INSTITUTE OF HOMŒOPATHY.

1915 Session in Chicago, June 28-July 3, Hotel Sherman, Clark and Randolph streets.

Business Sessions daily from 9 to 10:30.

Morning Bureaus: Pedology, Sanitary Science, Homœopathy, Clinical Medicine, Materia Medica.

The Bureaus of Dermatology and Genito-Urinary Diseases and of Clinical Research will also report.

The Obstetrical, the Surgical and Gynecological Society, the O., O. and L. and the National Society of Physical Therapeutics will present good programs.

The Memorial Service will be held on Sunday evening, the 27th, preceding the annual business session.

The program will conclude with a dramatic entertainment at the Art Institute, and Dr. Costain's special train to the Pacific coast.

Hotel rates, $2.00 a day and up. Every room has its bath and is supplied wth circulating distilled ice water.

For further details, read the Journal of the A. I. H.. Send $2.00 for a year's subscription.

SARAH M. HOBSON, M. D.,
Secretary-Editor,
917 Marshall Field Bldg.,
Chicago, Ill.

NEWS ITEMS.

CALIFORNIA.

The thirty-third commencement of the Hahnemann Medical College of the Pacific was held April 29th. Dr. A. C. Cowperthwaite delivered the address. The number of graduates was seven. An exceedingly artistic program was issued for the occasion.

Dr. Lewis P. Crutcher has been elected President of the Los Angeles County Society.

IOWA.

The Hahnemann Medical Association of Iowa held a successful annual meeting in Iowa City last month.

Dr. C. E. Holloway, Des Moines, Iowa, President; Dr. A. C. Woodward, Decorah, First Vice-President; Dr. F. G. Bolt, Victor, Second Vice-President; Dr. John Coggswell, Iowa City, Secretary; Dr. M. A. Royal, Treasurer; Dr. Harriett Messenger, Des Moines, Necrologist; Dr. Erwin Schenck, Des Moines, delegate to the American Institute to be held in Chicago in June.

MINNESOTA.

In Faribault, Minn., Colony for Epileptics, 46 cases of typhoid developed among those inoculated after a few cases had occurred in the Colony. As these developed three months after inoculation, it is strongly suspected that the typhoid vaccine actually produced the disease just as vaccination frequently produces small-pox.

OKLAHOMA.

The annual meeting of the Oklahoma Institute of Homœopathy was held at Oklahoma on April 20th and 21st. It was a helpful and inspiring meeting and well attended. The next meeting will be held at Barthville, Oklahoma, in April, 1916. The following officers were elected for the ensuing year:

President, Dr. M. E. Ray, Barthville, Okla.; Vice-President, Dr. L. H. DeVasher, Muskogee, Okla.; Secretary, Dr. S. B. Leslie, Okmulgee, Okla.; Treasurer, Dr. S. C. Whitcomb, Hastings, Okla.

PENNSYLVANIA.

The General Faculty of Hahnemann Medical College held a meeting at the college on Tuesday evening, April 27, at 8:30 o'clock, the Dean, Dr. W. A. Pearson, being in the chair. The following was the order of business:

Minutes of the last meeting of General Faculty, December 9, 1914.

Unfinished business.

Report of Dean.

Report of Committees.

Changes in Faculty.

The Governing Faculty having recommended the following changes, were unanimously accepted by the General Faculty:

Department of Anatomy.—Acceptance of Dr. Muhley's resignation and his election as Professor Emeritus of Histology.

Dr. Steinhilber, Associate Professor of Histology.

Department of Pathology, Bacteriology and Hygiene.—Dr. A. F. Copeland, Assistant in General Faculty.

Department of Materia Medica and Therapeutics.—Dr. W. B. Griggs, Director of Hering Laboratory.

Dr. Donald McFarland, Assistant Director of Hering Laboratory.

Department of Medicine.—Acceptance of Dr. E. M. Gramm's resignation as Professor of Dermatology. Acceptance of Dr. Bullock's resignation.

Dr. W. B. Van Baun, Professor of Dietetics.

Dr. G. Harlan Wells, Clinical Professor of Medicine.

Dr. G. Henry Bickley, Clinical Professor of Gastro-Enterology.

Dr. Joseph McEldowney, Lecturer on Physical Diagnosis.

Dr. J. L. Redman, Lecturer on Pediatrics.

Dr. B. K. Fletcher, Lecturer on Pediatrics.

Dr. B. B. Fenimore, Instructor in Medicine.

Dr. H. M. Eberhard, Lecturer on Gastro-Enterology.

Department of Neurology and Psychiatry.—Dr. W. Lawrence Hicks, Lecturer on Nervous Diseases.

Department of Surgery.—Dr. H. L. Northrop, Professor of Surgery.

Dr. W. Nelson Hammond, Associate Professor of Surgery.

Dr. W. C. Hunsicker, Associate Professor of Genito-Urinary Diseases.

Dr. D. J. Morton, Lecturer on Orthopedics and Mechanical Therapeutics.

Dr. J. M. Kenworthy, Instructor on Genito-Urinary Diseases.

Department of Obstetrics.—Dr. C. V. Clemmer, Assistant in Obstetrics.

Dr. Jos. Hunter Smith, Assistant in Obstetrics.

Department of Gynæcology.—Dr. Wm. D. Culin, Demonstrator of Gynæcology.

Dr. W. C. Mercer, Demonstrator of Gynæcology. Dr. N. S. Betts, demonstrator of Gynæcology and Gynæcological Pathology.

Department of Laryngology, Rhinology, Ophthalmology and Otology.—Dr. Oscar Seeley, Demonstrator of Laryngology and Rhinology.

Dr. Fred. Smith, Demonstrator of Laryngology and Rhinology.

The members of the Pathological Department of Hahnemann Medical College extended to the members of the Medical Department a cordial invitation to meet with them in the Laboratory on Wednesday evening, May 5th, at 9 P. M. The object of the meeting being a demonstration of the correlation of the subjects of medicine and pathology, the discussion of ways and means for improvements in teaching and the elimination of redundancies and non-essentials. The Department of Pathology believing:

1. In a clear knowledge of the basi pcrinciples of pathology as a foundation for all clinical medicine.

2. In the closest correlation of pathological principles and clinical practice.

3. In the emphasis on the practical and the elimination of technicalities in terms and methods.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College, Thursday evening, May 13th, 1915, at 8:30 o'clock. A Symposium on "The Faucial Tonsil," consisted of the following:

"Embryology," F. H. Widman, M. D.

"Anatomy," J. P. B. Clay, M. D.

"Histology," E. G. Muhly, M. D.

"Pathology and Bacteriology," R. S. Leopold, M. D.

"The Role of the Tonsil in Urological Diseases," L. T. Ashcraft, M. D.

"The Tonsil from the Standpoint of the Internist," W. R. Williams, M. D.

"Operative Treatment and Complications," G. J. Palen, M. D.

The nomination of officers to serve for the ensuing year took place, and a pleasant social hour was enjoyed by all present.

W. M. Sylvis, M. D., *Secretary.*

The Woman's Homœopathic Medical Club of Philadelphia held its regular monthly meeting at the office of Dr. Mary Branson, 1504 Locust street, on Tuesday, May 11, 1915, at 8:30 P. M. Subjects presented for discussion were: "La Grippe" and "Albuminuria" and which was entered into by a large number present. The meeting was a thoroughly enjoyable one and was well attended.

V. Reel, M. D., *Secretary.*

The Society of Surgery, Gynæcology and Obstetrics held its regular monthly meeting at Hahnemann College, on Wednesday evening, May 26, 1915, at 8:30 o'clock. The scientific program consisted of the followng:

"Appendicitis in Children," C. S. Raue, M. D.

"Appendicitis in Pelvic Conditions," W. D. Culin, M. D.

"Appendicitis in Pregnancy," J. E. James, M. D.

"Appendicitis in Relation to Diseases of the Stomach and Gall Bladder," E. M. Eberhard, M. D.

"Use and Abuse of the Ochsner Treatment in Appendicitis," G. A. Van Lennep, M. D.

The election of officers to serve for the ensuing year took place, after which the meeting adjourned.

J. M. Kenworthy, M. D., *Secretary.*

The Women's Homœopathic Medical Association of Pittsburgh, Pa., held its regular monthly meeting at the office of Dr. Ella D. Goff, 10 W. Moody street, on Thursday, May 6, 1915, at 8 P. M. "Practice in Repertory Work" was the subject for discussion and which proved to be an interesting feature of the occasion. Reports of many interesting cases were listened to intently by a large number of members present.

Anna D. Varner, M. D., *Secretary.*

The semi-annual meeting of the Berks, Lebanon and Schuylkill Counties Auxiliary of the Alumni Association of Hahnemann Medical College, Philadelphia, Pa., was held at the Weiman Hotel, Lebanon, Pa., on April 8, 1915.

Following a sumptuous dinner the meeting was called to order by the President, Dr. W. F. Boyer, of Pottsville, Pa.

A letter from Dr. W. A. Pearson, Dean of the College, was read and a most enthusiastic meeting followed.

Nine new members enrolled their names and pledged their support to the Association.

Pottsville was selected for the next meeting place. The association promises to be a lively organization, so watch it grow and note its results.

E. K. Golding, M. D., *Secretary.*

The homœopathic physicians of Reading held their annual banquet at the Berkshire Hotel, Reading, Pa., on March 27, 1915. Dr. D. C. Kline acted as toastmaster. The following were guests of the society: Dr. W. B. Van Lennep, Philadelphia, Pa.; Dr. W. A. Pearson, Dean of Hahnemann College, Philadelphia,

Pa.; Dr. W. H. Hillegas, Philadelphia, Pa.; Dr. B. F. Books, Altoona, Pa., the President of the Homœopathic State Medical Society, and Dr. W. F. Boyer, Pottsville, Pa., President of the Berks, Lebanon and Schuylkill Counties Auxiliary of the Alumni Association of Hahnemann Medical College, Philadelphia, Pa. The meeting proved to be the most enthusiastic one ever held.

E. K. Golding, M. D., *Secretary.*

State President to address Homœopaths. Since becoming President of the Homœopathic Medical Society of the State of Pennsylvania, Dr. B. F. Books, of Altoona, Pa., has made many visits throughout the state in the interest of Homœopathy. On Wednesday, May 12, Dr. Books will be the guest of the Homœopaths of Lancaster and will deliver an address on "The Advancement of Homœopathy." Thursday, May 13th, he will visit Lebanon, where he will address a large number of Homœopaths. Dr. Books is also planning to attend the next meeting of the Blair County Homœopathic Medical Society, which meets the latter part of May. During the month of June Dr. Books will visit Philadelphia, where he will spend some time transacting matters of importance.

BOOK REVIEWS.

A Text-Book of The Practice of Medicine. For Students and Practitioners. By Hobart Armory Hare, B. Sc., M. D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College, Philadelphia; Physician to the Jefferson Medical College Hospital; one time Clinical Professor of Diseases of Children in the University of Pennsylvania. Third edition, revised and enlarged. Imperial octavo, 969 pages, with 142 engravings and 16 plates in colors and monochrome. Cloth, $6.00, net. Lea & Febiger, Publishers, Philadelphia and New York. 1915.

Every day usefulness is the dominant characteristic of the new edition of Hare's Practice. A rare faculty for concise expression has enabled the author to present in one volume of not exceeding bulk the essential facts in Practice in a form which renders them peculiarly available for the use of practitioner and student. Moreover conciseness has not entailed loss of literary quality or of fluency in diction.

Dr. Hare's insight into the needs and problems of the man in general practice, and his ability to supply the exact information required, in the form in which it is available for instant use, are elements which give this work a distinctive value.

Pathology, Symptomatology and Diagnosis are given full consideration, but for treatment we of the homœopathic school will prefer to seek elsewhere, for Dr. Hare's therapeutics have shown no real advancement since his first book was published years ago.

The revision, which has been most thoroughly carried out, amounts practically to a rewriting of the book. New sections have been added to include the recent advances in every department of medical science, and each page has been subjected to a most careful scrutiny. The physician who has enjoyed the advantage of using Hare's Practice as a work for daily consultation will appreciate this new edition. To those who have not used it, the book can be recommended as a work of the highest didactic quality, of practical directness, and sustained interest.

The plan of the work is such as to emphasize the usefulness of the material presented. In the consideration of each disease a definition and general discussion is followed by a statement of its distribution and history; etiology; prevention and frequency; pathology and symptoms; complications and sequelæ. Diagnosis and prognosis are taken up in order and in full detail, and an exhaustive discussion of treatment follows, which latter is frequently filled with absurdity and contradictions. A splendid index of 64 pages renders every item of essential informa-

Practice of Medicine. By Walter Sands Mills, A. B., M. D., Professor of Medicine, New York Homœopathic Medical College and Flower Hospital; Physician to the Metropolitan Hospital, and to the Tuberculosis Infirmary, Department of Public Charities. 705 pages. Buckram. Gilt top. $5.00, net. Philadelphia. Boericke & Tafel. 1915.

This book is the newest one in the Homœopathic School of Medicine, and for a practical volume for the student and general practitioner the matter and arrangement is all that could be desired. The treatment is, as the author states in his preface, merely that of a guide. For, as he further states, it is impossible to be a homœopathic prescriber without the knowledge of Homœopathic Materia Medica, and in a book on Practice it is impossible to give all of the indications used in all of the diseases presented. The volume is beautifully printed and the arrangement of individual chapters and typographical work is most excellent. Possibly the only criticism that could be made is that the author has found it necessary to include what he terms generally accepted old school methods of treatment. Still, as these are given in as concise form as possible, such objections would be unreasonable.

Dr. Mills has had extensive experience, both in the Metropolitan and Flower Hospital, of New York, and we know him to be a man who is first, last and all the time a homœopath. Therefore we take pleasure in commending his book. In fact, his Therapeutics are of such a high order that one regrets somewhat that the space given to old school methods was not utilized for a more extended Homœopathic Therapeuthy.

We believe that the book should be immediately adopted in our school of medicine as a standard text book of the school. It is certainly a safer book for the student than some other works on Practice that we might mention.

PHARMACODYNAMICS AND THERAPEUTICS.

Lime.

The amount of calcium oxide required daily is placed at 1 g., and the calcium oxide content of several foods is given. The amount of these foods ordinarily eaten in one day is sufficient to give the necessary amount of calcium oxide, hence it is advised that bread be made with a calcium chloride solution equivalent to 2 g. calcium oxide per kg. flour.—*W. L. Badger.*

Gastric Juice.

The serous membrane does not protect the organ from being digested by the gastric juice. If the mucous membrane is injured there is produced a protective membrane on the injured surface which prevents the penetration of the gastric juice deeper into the tissues.—*Max Kahn.*

Choline.

Intravenous injections of choline induce a lessening of the glycogen content of the liver. There is, however, no hyperglycemia nor glucosuria, and the author concludes that the lessening of the glycogen is due to the histologic changes in the liver which incapacitates it for glycogen formation.—*Max Kahn.*

Blood Serum.

Under normal conditions the antitryptic power of the serum of guinea pigs reveals no marked variations. After violent muscular activity it increases definitely but not in proportion to the work accomplished. The increase reaches its maximum after about one-half hour, and is not further influenced by continued muscular activity. It returns to normal 30-45 minutes after discontinuing. Preti believes these changes attributable to concentration changes in the serum produced by the muscular activity, since the same increase in antitryptic power of the serum is obtained in diaphoresis.—*Chemical Abstracts.*

Radium.

Jensen rat sarcoma when exposed in vitrio to the B-rays from a source of radium of intensity 1.63 mg. per sq. cm. for 90 min., or to Nt. of conc. 0.53 millicurie per c.c. for 45 min., will not grow upon inoculation into normal rats. Such cells may remain in the animal body for more than sixty days, giving evidence of growth. Histological examination shows that failure of these cells to produce a tumor does not necessarily indicate their destruction at the time of inoculation.—*A. T. Cameron.*

Cholesterol.

In arteriosclerosis, nephritis, liver disorders, non-ulcerating tumors, diabetic acidosis and some nervous affections the cholesterol content of the blood was increased above normal, while in phthisis, ulcerating tumors and acute infections it was subnormal.—*H. B. Lewis.*

OBITUARY.

Dr. H. L. Baird.

Pittsburgh, Pa., March 12, æt. 70. Pulte Medical College, 1889.

Dr. W. H. Aiken.

Felicity, Ohio, March 21, æt. 59. Pulte Medical College, 1884.

Dr. F. H. Honberger.

Chicago, Ill., March 29, æt. 58. Hahnemann Medical College, 1880.

Dr. T. S. Turner.

Binghamton, New York, March 19, æt. 66. New York Hahnemann Medicl College, 1879.

Dr. J. A. Sapp.

Salineville, Ohio, March 18, æt. 70. Cleveland Medical College, 1869.

Dr. L. W. Thompson.

Philadelphia, Pa., March 31, æt. 50. Hahnemann Medical College, Philadelphia, 1887.

Dr. F. H. Mersfelder.

Canal Dover, Ohio, January 31. Cleveland Medical College, 1904.

Dr. M. R. Collison.

Oklahoma City, February 22, æt. 64. Pulte Medical College, 1887.

Dr. C. E. Farnum.

San Francisco, Cal., April 4, æt. 60. Hahnemann Medical College, Pacific.

Dr. R. K. Kneass.

Baltimore, Md., April 3, æt. 60. Hahnemann Medical College, Philadelphia, 1873.

Dr. C. F. Clark.

Woodland, Cal., April 3, æt. 57. Hahnemann Medical College, Chicago, 1881.

Dr. H. Kolb.

New York, April 6, æt. 54. New York Hahnemann Medical College, 1882.

Dr. E. M. T. Hurlbut.

Sebastopol, Cal., April 12, æt. 87. Not a homœopathic graduate, but an old time homœopathic practitioner.